

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091508496
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3	1					
4		1				
5	1					
6		1				
7		6				
8		6				
9		12				
10		6				
11	1					
12	1					
13	1					
14		3				
15		3				
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	39					
TOTAL CLAIMS	45					

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IND.	DEP.	IND.	DEP.	IND.
51				
52				
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				